

**2019 CONTRA COSTA COUNTY
MONTHLY DENTAL PLAN PREMIUMS**

**EMPLOYEES REPRESENTED BY
DISTRICT ATTORNEY INVESTIGATORS' ASSOCIATION**

DEDUCTIONS EFFECTIVE JANUARY 1, 2019

PLAN/COVERAGE DESCRIPTION		TOTAL MONTHLY PREMIUM	COUNTY MONTHLY SUBSIDY	EMPLOYEE MONTHLY SHARE
DELTA DENTAL PREMIER PPO - \$1,600 ANNUAL MAXIMUM- INCLUDES ORTHODONTIC BENEFIT*				
For CCHP Alternate A Plan	Employee	\$45.90	\$33.58	\$12.32
	Employee + 1	\$116.35	\$75.90	\$40.45
	Family + 2 or more	\$116.35	\$75.90	\$40.45
For CalPERS Health Plans	Employee	\$45.90	\$33.58	\$12.32
	Employee + 1	\$116.35	\$75.90	\$40.45
	Family + 2 or more	\$116.35	\$75.90	\$40.45
Without a Health Plan	Employee	\$45.90	\$43.33	\$2.57
	Employee + 1	\$116.35	\$97.88	\$18.47
	Family + 2 or more	\$116.35	\$97.88	\$18.47
DELTA CARE (HMO)				
For CCHP Alternate A Plan	Employee	\$29.06	\$22.30	\$6.76
	Employee + 1	\$62.81	\$48.19	\$14.62
	Family + 2 or more	\$62.81	\$48.19	\$14.62
For CalPERS Health Plans	Employee	\$29.06	\$22.30	\$6.76
	Employee + 1	\$62.81	\$48.19	\$14.62
	Family + 2 or more	\$62.81	\$48.19	\$14.62
Without a Health Plan	Employee	\$29.06	\$28.91	\$0.15
	Employee + 1	\$62.81	\$62.49	\$0.32
	Family + 2 or more	\$62.81	\$62.49	\$0.32
* EMPLOYEE MONTHLY SHARE INCLUDES COST OF ORTHODONTIC BENEFIT				
VSP VOLUNTARY VISION PLAN				
	Employee	\$10.08	\$0.00	\$10.08
	Employee + 1	\$20.14	\$0.00	\$20.14
	Employee + 2 or more	\$32.44	\$0.00	\$32.44